

**Alternatives to Abortion Invoice**

**Contract #** CS170042004

**Vendor Number:** 43161118100/MB00097920

**Vendor Name:** The Haven of Grace

**Vendor Address:** 1225 Warren

St. Louis, MO 63106

**Bill To:** Office of Administration

Commissioner's Office

201 W. Capitol Ave, Room 125

Jefferson City, MO 65101

**Invoice Number:** \_\_\_\_\_

**Invoice Date:** \_\_\_\_\_

**Service Period:** \_\_\_\_\_

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
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\$ 132,545.40	\$ -	\$ 26,509.08
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Quarterly expenditure adjustment:	\$ -
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Total Due:	<b>\$ 26,509.08</b>
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Allocation Remaining	\$ 106,036.32
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**Signature:** \_\_\_\_\_

